

RESIDENT AGENT
REQUIREMENTS AND PROCEDURE
FOR OBTAINING A LICENSE
AND GENERAL INFORMATION

QUALIFICATIONS

1. Applicant shall be at least 18 years of age.
2. Applicant shall be competent, trustworthy, and financially responsible and have a good personal and business reputation.
3. Applicant shall maintain his or her principal place of residence in Nebraska.
4. Applicant shall comply with the pre-licensing education requirements (Effective January 1, 1994). Refer to page 3 for pre-licensing education requirements.
5. Applicant shall pass a written examination to determine competence to act as a licensed agent in those lines of insurance for which such applicant desires to become licensed.

LICENSE FEES

Initial License Fee.....	\$ 20.00
Two-Year Renewal Fee	40.00
Late Re-issuance Fee (within 30 days after expiration)	120.00

APPLICATION FOR LICENSE

The Application for Insurance Agent's License (Form DOI-9001), and a check in payment of the license fee is submitted to the Department after the applicant has complied with the pre-licensing education requirements (Effective 1-1-94) and passed the appropriate qualifying examinations. Both sides of the application must be completed in its entirety, signed and notarized.

An individual shall not act as or hold himself or herself out to be an agent unless such individual is duly licensed in this state. An agent shall not make application for, solicit applications for or procure any policies for any kind of insurance for which such agent is not licensed and appointed by the insurance company.

DURATION OF LICENSE

Initial individual licenses are issued to expire the last day of the month in the licensee's birth month in the first year after issuance in which licensee's age is divisible by two.

Therefore, individuals born in even numbered years renew their license on their birthday in the even numbered years and individuals born in odd numbered years renew their license on their birthday in the odd numbered years.

RENEWAL INSTRUCTIONS

Renewal instructions will be mailed to the licensee's business address approximately 90 days prior to the expiration of the license.

LATE RENEWAL

Effective August 28, 1999, any license being reinstated after 30 days and up to 12 months from the expiration of the license an individual may reinstate such license by completing the application and submitting it to this Department with a reinstatement fee. If continuing education were due that requirement must accompany the application..

Reinstatement Fee \$100.00

AGENT'S APPOINTMENT

The agent's appointment shall be valid upon execution if the appointment is mailed to the Department within ten days of execution, and if the person holds a valid agent's license in the line or lines for which the insurer is requesting the appointment.

If the appointment of a licensed agent by an insurance company is terminated, the insurer shall give written notice of the termination and the effective date of such termination to the Director within five working days of the termination and to such agent when reasonably possible. The Director may require the insurer to demonstrate that he or she has made a reasonable effort to give such notice to the licensed agent.

LINES OF INSURANCE

An agent may become licensed to write one or more of the following lines of insurance:

- | | |
|---|---|
| (1) Property and Casualty | (9) Miscellaneous |
| (2) Life Insurance and Annuities | (a) Automobile Mechanical Breakdown |
| (3) Variable Contracts (NO EXAM) | (b) Prepaid Legal |
| (4) Sickness, Accident and Health | (c) Motor Club |
| (5) Credit Life/Credit Accident
and Health (NO EXAM) | (d) Prepaid Dental |
| (6) Title | (e) Health Maintenance Organization |
| (7) Crop | (f) Unemployment Credit Insurance (NO EXAM) |
| (8) Assessment Association | (g) Group Credit Property (NO EXAM) |

NOTE: There are no pre-licensing requirements for lines 3, 5 and 9 a-g, and no insurance examination is required for lines 3, 5, 9f, and 9g above.

PRE-LICENSING EDUCATION REQUIREMENTS - (Effective January 1, 1994)

Effective January 1, 1994, individuals seeking a license must comply with the following pre-licensing education requirements prior to taking the qualifying examinations:

<p><u>Property and Casualty</u></p> <p>40 hours (34 - property and casualty, 6 - ethics)</p>	<p><u>Life and Annuities</u></p> <p>20 hours (14 - life and annuities, 6 - ethics)</p>	<p><u>Sickness, Accident and Health</u></p> <p>20 hours (14 - accident and health, which includes 6 hours in Medicare Supplement and Long-Term Care, AND 6 - ethics)</p>
<p><u>Combined Life and Annuities, and Sickness, Accident and Health</u></p> <p>40 hours (17 - life and annuities, 17 - sickness, accident and health, which includes 6 hours of Medicare Supplement and Long-Term Care, AND 6 - ethics)</p>	<p><u>Title</u></p> <p>12 hours (6 - Title, 6 - ethics)</p>	<p><u>Assessment Association</u></p> <p>12 hours (6 - assessment, 6 - ethics)</p>
<p><u>Crop</u></p> <p>6 hours (3 - crop-hail, 3 - ethics)</p>		

The pre-licensing education requirements do not apply to:

- Chartered Property and Casualty Underwriter
- Registered Health Underwriter
- Certified Financial Planner
- Chartered Financial Consultant
- Chartered Life Underwriter
- Certified Employee Benefit Specialist
- Accredited Insurance Advisor
- Master's Degree in Insurance

Persons completing the pre-licensing education requirements have up to one year from the date of completion to take the written agent's examination.

A list of approved courses to comply with the pre-licensing education requirements is available from the Department upon request or on the Department's web site.

EXAMINATION PROCEDURE

Information regarding the insurance examination procedure is available from the Department upon request.

TWO YEAR CONTINUING EDUCATION REQUIREMENTS

Information regarding compliance with the two-year continuing education requirements is available from the Department upon request.

VARIABLE CONTRACTS – (Variable Annuities and Variable Life)

To qualify for a variable contracts license, the applicant must hold a life license or apply concurrently for a life and annuities and variable contract license and submit a copy of his or her examination score indicating that he or she has passed the NASD Series 6 and/or 7 and 63 examinations.

Acceptable Evidence - A copy of the licensee's Central Registration Depository Form (CRD).

AGENCY LICENSE

Agency definition - Insurance agency shall mean partnership, unincorporated association, or corporation transacting or doing business with the public or insurance companies as an insurance agent or broker.

No person shall act as or hold himself, herself, or itself out to be an insurance agency until such person has procured a license in this state. No license shall be granted to an insurance agency unless the agency designates a licensed agent or broker who shall have full responsibility for the conduct of all business transactions of the insurance agency within the state relative to insurance. Such designated agent or broker shall be either an officer or a member of the agency and shall have either (1) more than a nominal financial interest in the agency or (2) be an active participant in the management of the agency. Any individual associated with a licensed agency who solicits insurance shall be a licensed agent or broker.

No agency shall pay any commission to anyone other than a licensed agent or broker and no licensed agent or broker shall assign any commissions to any unlicensed agency.

Sole Proprietorships - are not required to obtain an insurance agency license unless (1) the sole proprietorship falls within the agency definition or (2) the sole proprietorship holds itself, himself or herself out to be an insurance agency.

To obtain an insurance agency license, form number DOI-9002 Application for Insurance Agency License must be completed and submitted to the Department of Insurance together with the appropriate license fee.

AMENDED LICENSE - FORM #DOI-9110

To add or delete lines of insurance to an existing agent's license, the applicant submits Form #DOI-9110.

If a new license is requested, a check in the amount of \$5.00 must be remitted with the form.

When adding variable contracts to an existing license a copy of the licensee's Central Registration Depository Form (CRD) must be submitted with the FORM #DOI-9110.

CHANGE OF ADDRESS

Every person licensed under the Insurance Producers Licensing Act shall notify the Department within thirty days of any change in such person's residential or business address.

Any person failing to provide such notification shall be subject to a fine by the Director of not more than five hundred dollars per violation, suspension of the person's license until the change of address is reported to the Department, or both.

Form #DOI-9110 must be submitted to report a change of address.

COMPENSATION

Unless otherwise authorized by law, an insurer, broker, or agent shall not pay any commission, brokerage, or other valuable consideration to any person for services rendered in this state as an agent or broker unless such person has been appointed by the insurer, is licensed as a broker in this state, or held at the time such services were rendered a valid license for the line of insurance as required by the laws of this state for rendering such services. Any person licensed under the Insurance Producers Licensing Act may pay or assign any commissions or direct that any commissions be paid to a licensed insurance agency with which such person is associated. This section shall not prevent the payment or receipt of renewal or deferred commissions to or by any person entitled to such renewals or any valid collateral assignment of commissions by a licensed agent to satisfy a debt obligation.

FIDUCIARY CAPACITY

Every person acting as an insurance agent, broker, or agency in this state shall be responsible in a fiduciary capacity for all funds received or collected as an insurance agent, broker or agency. Nothing in this section shall be construed to require any person to maintain a separate bank deposit if the funds of each principal are clearly ascertainable from the books of accounts and records of that person.

RECORDS MAINTENANCE

Every person licensed as an insurance agent, insurance broker, or insurance agency shall keep at his, her, or its place of business the usual and customary records pertaining to transactions under his, her, or its license. All records shall be kept available and open to the inspection of the director or his or her representatives at any time during business hours. Records shall be maintained for three years following the completion of any insurance transaction.

IDENTIFICATION OF AGENT ON POLICIES

All policies and applications, the solicitation of which involves an insurance agent, insurance broker, or insurance agency, shall identify the name of each such agent, broker, and agency. If the application is attached to the policy upon issuance, the required identification may be contained in either the application or the policy.

Reasonable accommodations for disabled persons available upon request. Phone 471-2201. TDD users phone 1-800-833-7352 for relay to (402) 471-2201.

STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
941 "O" STREET, SUITE 400
TERMINAL BUILDING
LINCOLN, NE 68508-3639

e-mail: licensing@doi.state.ne.us
LICENSING (402) 471-4913
SWITCHBOARD (402) 471-2201
FAX (402) 471-6559

NAIC MIDWEST ZONE UNIFORM APPLICATION FOR
INDIVIDUAL RESIDENT/NONRESIDENT LICENSE

(Please PRINT or TYPE)

Please read carefully and complete all necessary information.

PART I—LICENSE AND FEE INFORMATION

STATE FOR WHICH APPLICATION IS SOUGHT: _____ FEE ENCLOSED: \$ _____

- A. Check one: ☐ New license
☐ Amended License
☐ Reinstatement
- B. Check one: ☐ Resident (Attach a letter of clearance if you were a resident in another state)
☐ Non-Resident (Attach a certification letter)

PART II – IDENTIFICATION

- A. Social Security Number: _____ B. Date of Birth: (month) _____ (day) _____ (year) _____
- C. Full Legal Name of Applicant (Please Print or Type) _____
Last Name First Name M.I. JR., SR.
- D. Residence Address _____
Street Address is Required
County City State Zip
- E. Home Phone () _____ Business Phone () _____
- F. Are you a citizen of the United States? ☐ Yes ☐ No (If NO, of which country are you a citizen?) _____

PART III – BACKGROUND INFORMATION

- A. Do you now hold or have you ever held an insurance license in another state in the U.S. or the provinces of Canada?
☐ Yes ☐ No If YES, and the license is still in force, attach a certification letter from your home state. If the license is not in force, attach a letter of clearance from the last state where you held a resident license.
- B. Has any disciplinary action, including but not limited to, refusal, suspension, revocation, ever been taken by any regulatory agency in any state or any province of Canada against you or any business with which you have been directly connected?
☐ Yes ☐ No If YES, provide full explanation on a separate sheet of paper.
- C. Have you ever been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? (Misdemeanor does not mean minor traffic violations.)
☐ Yes ☐ No If YES, give date, name and address of court, basis of charge, outcome and whether you received an executive pardon. Also attach certified copies of the information or indictment and the final adjudication.
- D. Are you an officer, director or employee of a lending institution (bank, savings and loan or other such institution, which accepts deposits and lends money) or of a bank holding company or an affiliate or one of the above?
☐ Yes ☐ No If YES, give name and address of institution _____

NOTE: This completes the uniform portion of the application. You must now complete the state-specific page (or pages) for the state(s) in which you will apply. The Applicant's signature and certification is included on the state-specific page(s). YOUR APPLICATION IS NOT COMPLETE AND WILL BE REJECTED IF ALL PAGES ARE NOT SUBMITTED.

NEBRASKA-SPECIFIC INSURANCE PRODUCER'S APPLICATION

Terminal Building
941 "O" Street, Suite 400
Lincoln, NE 68508-3639
Telephone (402) 471-4913

e-mail licensing@doi.state.ne.us

PART IV

A. Name of Applicant _____ Social Security Number _____
Last First Middle

B. Business Address _____
Name of Firm or Agency (if applicable) _____

Street Address _____

City _____ State _____ Zip Code _____

C. Male ☐ Female ☐ Age _____ E-Mail Address _____

PART V – QUALIFICATIONS REQUESTED (Check appropriate boxes)

- | | | |
|---|--|---|
| <input type="checkbox"/> Property and Casualty | <input type="checkbox"/> Crop/Hail | <input type="checkbox"/> e. Health Maintenance Organization |
| <input type="checkbox"/> Life Insurance and Annuities | <input type="checkbox"/> Domestic Assessment Association | <input type="checkbox"/> f. Credit Insurance (Includes Credit Life & Disability, Credit Property, Unemployment Credit, Mortgage Life, Guaranty & Disability, and GAP) |
| <input type="checkbox"/> Variable Contracts (Proof of passage of Series 6 or 7 and 63 exam must be submitted with this application) | <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> h. Please Specify (Limited Lines) |
| <input type="checkbox"/> Personal Lines Property Casualty | <input type="checkbox"/> a. Auto Mechanical Breakdown | _____ |
| <input type="checkbox"/> Sickness, Accident, Health | <input type="checkbox"/> b. Prepaid Legal | _____ |
| <input type="checkbox"/> Title | <input type="checkbox"/> c. Motor Club | |
| | <input type="checkbox"/> d. Prepaid Dental | |

Limited:

- ☐ Ticket Selling Agent Travel Insurance
- ☐ Home Office Employee or Branch Office Employee of Insurer or of General Agent - Compensated by Salary Only.

PART VI - FEES

New License Fee: **Resident - \$20.00 Nonresident - \$40.00.** Reinstatement Fee (31 days up to 12 months from expiration) **Resident and Non-Resident \$100.00.** A check in payment of a new or reinstatement of license must be submitted with the application for license. **Please make checks payable to the Nebraska Department of Insurance. Amended License - \$5.00**

PART VII

Applicant must read the following very carefully:

- I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- I further certify that, under penalty of perjury either a.) I have no child-support obligation, or b.) I have a child-support obligation and I am currently in compliance with that obligation.
- I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- I further certify that the Department of Insurance will be notified within 30 days of any change of address from that set forth in this application.

Sign

Here _____

Applicant's Signature

_____ Date

STATE USE ONLY	License Number	Date Issued	Expiration Date	Fee Paid
				\$

REQUEST FORM FOR AGENT'S BROKER'S AND CONSULTANT'S

NAME _____

SOCIAL SECURITY NUMBER _____

OPTIONS

- | | |
|--------------------------------|------------------------|
| 1. Change of Address | 5. Letter of Clearance |
| 2. Change of Name | 6. Duplicate License |
| 3. Correct Social Security | 7. Certification |
| 4. Change of License Authority | |

When requesting option 1 through 4, no fee is required **unless a new license is requested.**

If a new license is requested, a fee of \$5.00 must be submitted with this form.

When requesting option 5, 6 or 7, a fee of \$5.00 must be submitted with this form.

Check Appropriate Box Below

☐ DO NOT ISSUE NEW LICENSE (No Fee Required) ☐ ISSUE NEW LICENSE (\$5.00 Fee Required)

1. ☐ **CHANGE OF ADDRESS** Nonresident licensees moving to a new state of residency must submit an original home state certification not more than 90 days old.

FROM

BUSINESS - NAME OF FIRM

STREET SUITE OR BOX

CITY STATE ZIP CODE

FROM

RESIDENCE

STREET

CITY STATE ZIP CODE

2. ☐ **CHANGE OF NAME**

FROM

3. ☐ **SOCIAL SECURITY NUMBER**

FROM

4. ☐ **CHANGE OF LICENSE AUTHORITY**

☐ ADD LINE(S)

☐ DELETE LINE(S)

The following Line(s) of insurance To/From my existing license:

Note: When requesting a license in Line (3) Variable Contracts proof of passage of the NASD or SEC examination must be attached to this form. When adding lines to an existing license, a nonresident licensee must submit an original home certification not more than 90 days old.

TO

BUSINESS - NAME OF FIRM

STREET SUITE OR BOX

CITY STATE ZIP CODE

TO

RESIDENCE

STREET

CITY STATE ZIP CODE

TO

TO

5. ☐ **LETTER OF CLEARANCE (\$5.00 Fee Required)**

I have moved from Nebraska to the State of _____. Please cancel all my existing Nebraska resident insurance licenses and forward a letter of clearance to the following address(es):

6. ☐ **DUPLICATE LICENSE (\$5.00 Fee For Each Duplicate)**

I hereby certify that my license has been lost, stolen, or destroyed. Following is my statement concerning the facts of such loss.

☐ AGENT ☐ BROKER ☐ CONSULTANT ☐ SURPLUS LINES

7. ☐ **CERTIFICATION (\$5.00 Fee For Each Certification)**

I am applying for a nonresident license in the State(s) of _____.

Please issue a certification of my Nebraska license status.

INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE WHEN ORDERING A CERTIFICATION.

Mail Certification(s) to:

Note: To assure that the information requested herein is applied to the correct license record, it is essential that you provide your social security number.

Mail to:

Nebraska Department of Insurance
Terminal Building
941 "O" Street, Suite 400
Lincoln, NE 68508-3690

Subscribed to in my presence and duly sworn this

_____ day of _____, 19_____.

SIGNATURE

NOTARY PUBLIC

Important: This form must be signed by the licensee, and when requesting Options 2, 3, 5 or 6, the form must be notarized.

State _____

County of _____